	14-10194-usj	D0C 10	1 11eu 02/20/	Pg 1 of 21	J.30 IVI	an Document	
Fill in this	information to iden	itify your case	:				
Debtor 1	Nancy J. I	Haber					
	First Name		Middle Name	Last Name			
Debtor 2							
(Spouse if, filin	g) First Name		Middle Name	Last Name			
	Check if the is an						
Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15							

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	rt 1: Summarize Your Assets		assets e of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$_	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$_	14,023,600.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$_	14,023,600.00
Par	rt 2: Summarize Your Liabilities		
			· <b>liabilities</b> unt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$_	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$_	389,840.82
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$_	70,985.00
	Your total liabilities	\$	460,825.82
Par	rt 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$_	40,000.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$_	37,720.00
Par	rt 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other	schedules.
7.	⊠ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	personal	, family, or household
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this b court with your other schedules.	ox and s	submit this form to the

24-10194-dsj Doc 16 Filed 02/26/24 Entered 02/26/24 23:08:30 Main Document Pg 2 of 21

Debte	or 1	Nancy J. Haber Case number (if known) 24-1019	94_	
		n the <i>Statement of Your Current Monthly Income</i> : Copy your total current monthly income from Official Ford A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.	m	\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$
9d. Student loans. (Copy line 6f.)	\$
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$
9g. <b>Total.</b> Add lines 9a through 9f.	\$

24-10194-dsj Doc 16 Filed 02/26/24 Entered 02/26/24 23:08:30 Main Document

	•		Pg 3 of 21		
Fill in this inform	nation to identify your c	ase and this filing:			
Debtor 1	Nancy J. Haber				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the:	OUTHERN DISTRICT	OF NEW YORK		
Case number 2	24-10194				Check if this is an
_			<del></del>		amended filing
Official Fo	rm 106A/B				
Schedul	e A/B: Prope	erty			12/15
think it fits best. E information. If more Answer every ques	e as complete and accurate space is needed, attach a tion.	e as possible. If two mari separate sheet to this fo	once. If an asset fits in more that ried people are filing together, bot rm. On the top of any additional p	th are equally responsible fo ages, write your name and o	or supplying correct
Part 1: Describe	Each Residence, Building, I	_and, or Other Real Estat	te You Own or Have an Interest In		_
1. Do you own or	have any legal or equitable	interest in any residence	e, building, land, or similar proper	ty?	
No. Go to Par					
Yes. Where	is the property?				
Do you own, leas			ehicles, whether they are regi		y vehicles you own that
3. Cars, vans, ti	ucks, tractors, sport uti	lity vehicles, motorcy	cles		
⊠ No					
Yes					
			onal vehicles, other vehicles, essels, snowmobiles, motorcycle		
			entries from Part 2, including		\$0.00
	Your Personal and House				
Do you own or h	ave any legal or equital	le interest in any of the	he following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	oods and furnishings jor appliances, furniture, I	nens, china, kitchenwa	ıre		
_					
	Household (	Goods and Furnishin	gs		\$7,500.00
7. <b>Electronics</b> Examples: Tel	evisions and radios; audio	o, video, stereo, and diç	gital equipment; computers, prin	nters, scanners; music coll	ections; electronic devices

including cell phones, cameras, media players, games

☐ No

#### 24-10194-dsi Doc 16 Filed 02/26/24 Entered 02/26/24 23:08:30 Main Document Pa 4 of 21 Debtor 1 Nancy J. Haber Case number (if known) 24-10194 Yes. Describe..... (1) I-Phone \$100.00 Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ⊠ No Describe..... Yes. 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ⊠ No Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ⊠ No Yes. Describe..... Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No X Yes. Describe..... **Used Clothing** \$1,000.00 Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Νo Yes. Describe..... Various Jewelry \$5,000.00 13. Non-farm animals Examples: Dogs, cats, birds, horses ⊠ No Yes. Describe..... Any other personal and household items you did not already list, including any health aids you did not list ⊠ No Give specific information..... Yes. 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$13,600.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

Official Form 106A/B Schedule A/B: Property page 2

⊠ No

## 24-10194-dsj Doc 16 Filed 02/26/24 Entered 02/26/24 23:08:30 Main Document Pg 5 of 21

Debtor 1	Nancy J. Habe	r		Case number (if known)	24-10194
			ounts; certificates of deposit; share with the same institution, list each		nouses, and other similar
	<b>3</b>		Institution name:		
		17.1. Checking	Chase Bank		\$10,000.00
_Exam		or publicly traded stocks avestment accounts with bro	okerage firms, money market acco	punts	
⊠ No ☐ Yes	S	Institution or issuer	name:		
	publicly traded sto pint venture	ock and interests in incorp	oorated and unincorporated bus	inesses, including an intere	st in an LLC, partnership,
Yes	s. Give specific info	ormation about them Name of entity:		% of ownership:	
		1819 Weeks Avenue	Realty Corp.		
		47 Perry Street New York, NY 10014		%	Subject to Appraisa \$6,000,000.00
		Panzer Building Corp			
		651 West 169th Streen New York, NY 10032		100 %	Subject to Appraisa \$8,000,000.00
⊠ No	negotiable instrumer s. Give specific infor	·	nsfer to someone by signing or de	elivering them.	
	ement or pension a ples: Interests in IR		03(b), thrift savings accounts, or c	other pension or profit-sharing	plans
=	s. List each account	separately.  Type of account:	Institution name:		
Your s	rity deposits and μ share of all unused ples: Agreements w	deposits you have made so	that you may continue service or public utilities (electric, gas, water	use from a company ), telecommunications compar	nies, or others
⊠ No ☐ Yes	S		Institution name or individu	al:	
B. <b>Annu</b> No	ities (A contract for	a periodic payment of mor	ey to you, either for life or for a nu	ımber of years)	
Yes	s Issu	er name and description.			
		IRA, in an account in a q 9A(b), and 529(b)(1).	ualified ABLE program, or unde	r a qualified state tuition pro	ogram.
=	s Insti	tution name and description	n. Separately file the records of an	y interests.11 U.S.C. § 521(c)	:
No			other than anything listed in line	e 1), and rights or powers ex	ercisable for your benefit
ĭ⊠ Yes	s. Give specific info	ormation about them			
		Nancy I Haber a	s Trustee of the Irah H. Panze	r Testamentary Trust	Unknow

Official Form 106A/B Schedule A/B: Property

## 24-10194-dsj Doc 16 Filed 02/26/24 Entered 02/26/24 23:08:30 Main Document Pg 6 of 21

De	btor 1	Nancy J. Haber			Case number (if known)	24-10194
26.	Example		marks, trade secrets, and other ames, websites, proceeds from ro		nents	
	⊠ No □ Yes.	Give specific informa	ation about them			
27.	Example No		other general intangibles exclusive licenses, cooperative as	sociation holdings, liquor lice	enses, professional license	es
		·				0 1 50
MC	oney or p	roperty owed to you	1?			Current value of the portion you own?  Do not deduct secured claims or exemptions.
28.	⊠ No	unds owed to you	ion about them, including whether	you already filed the returns	e and the tay years	
	res. v	sive specific informat	ion about them, moduling whether	you already med the returns	s and the tax years	
29.	⊠ No		sum alimony, spousal support, ch	ild support, maintenance, div	vorce settlement, property	settlement
30.	Example No		sability insurance payments, disaboans you made to someone else	ility benefits, sick pay, vacati	ion pay, workers' compe	nsation, Social Security
31.	Example No		or life insurance; health savings a		wner's, or renter's insuran	ce
	∐ Yes. N		company of each policy and list its Company name:	value. Benefic	siary:	Surrender or refund value:
	If you ar someon No		at is due you from someone who living trust, expect proceeds from ation		re currently entitled to rece	eive property because
33.		es: Accidents, employ	s, whether or not you have filed yment disputes, insurance claims,		nd for payment	
34.	⊠ No	ontingent and unliq	uidated claims of every nature,	including counterclaims o	of the debtor and rights to	o set off claims
		ancial assets you di	id not already list			
	⊠ No □ Yes.	Give specific informa	ation			
36			of your entries from Part 4, incl er here			\$14,010,000.00
Pa	rt 5: Desc	cribe Any Business-Re	lated Property You Own or Have an	Interest In. List any real estate	in Part 1.	
37.	Do you o	wn or have any legal o	or equitable interest in any business	related property?		

No. Go to Part 6.

Filed 02/26/24 Entered 02/26/24 23:08:30 24-10194-dsi Doc 16 Main Document Pg 7 of 21 Debtor 1 Nancy J. Haber Case number (if known) 24-10194 Yes. Go to line 38. Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ] No Yes. Give specific information....... 4210 Digney Avenue, Bronx, NY 10466 Unknown 651 West 169th Street New York, NY 10032 Unknown 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$0.00 Part 3: Total personal and household items, line 15 \$13,600.00 57. \$14,010,000.00 58. Part 4: Total financial assets, line 36 Part 5: Total business-related property, line 45 \$0.00 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 Part 7: Total other property not listed, line 54 \$0.00 61.

\$14,023,600.00

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 5

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$14,023,600.00

\$14,023,600.00

24-10194-dsj Doc 16 Filed 02/26/24 Entered 02/26/24 23:08:30 Main Document Pa 8 of 21

Fill in this information to identify your case:							
Debtor 1	Nancy J. Haber						
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
	inkruptcy Court for the:	SOUTHERN DISTRICT	OF NEW YORK				
Case number (if known)	24-10194				Check if this is an amended filing		

#### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you.					
	☑ You are claiming state and federal nonline	pankruptcy exemptions.	11 U.S.C. § 522(b)(3)			
	☐ You are claiming federal exemptions.	11 U.S.C. § 522(b)(2)				
2.	For any property you list on Schedule A	/B that you claim as ex	empt,	fill in the information below.		
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B		ount of the exemption you claim  ck only one box for each exemption.	Specific laws that allow exemption	
	Household Goods and Furnishings Line from <i>Schedule A/B</i> : 6.1	\$7,500.00		\$7,500.00 100% of fair market value, up to any applicable statutory limit	NYCPLR § 5205(a)(5)	
	(1) I-Phone Line from <i>Schedule A/B</i> : 7.1	\$100.00		\$100.00 100% of fair market value, up to any applicable statutory limit	NYCPLR § 5205(a)(5)	
	Used Clothing Line from <i>Schedule A/B</i> : 11.1	\$1,000.00		\$1,000.00  100% of fair market value, up to any applicable statutory limit	NYCPLR § 5205(a)(5)	
	Various Jewelry Line from <i>Schedule A/B</i> : 12.1	\$5,000.00		\$5,000.00  100% of fair market value, up to any applicable statutory limit	NYCPLR § 5205(a)(6)	
	1819 Weeks Avenue Realty Corp. 47 Perry Street New York, NY 10014 Line from <i>Schedule A/B</i> : 19.1	\$6,000,000.00		\$0.00 100% of fair market value, up to any applicable statutory limit	Debtor & Creditor Law § 283(1)	

24-10194-dsj Doc 16 Filed 02/26/24 Entered 02/26/24 23:08:30 Main Document Pg 9 of 21

Debtor 1	Nancy J. Haber	Case number (if known)	24-10194
	you claiming a homestead exemption of more than \$189,050? bject to adjustment on 4/01/25 and every 3 years after that for cases filed on	or after the date of adjustment.)	
$\boxtimes$	No		
	Yes. Did you acquire the property covered by the exemption within 1,215 days	ays before you filed this case?	
	□ No		
	☐ Yes		

24-10194-dsj Doc 16 Filed 02/26/24 Entered 02/26/24 23:08:30 Main Document Pg 10 of 21

Fill in this info	rmation to identify your	case:			
Debtor 1	Nancy J. Haber				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name	_	
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF NEW YORK		
Case number	24-10194				
(if known)					☐ Check if this is an amended filing

#### Official Form 106D

#### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

☐ Yes. Fill in all of the information below.

### 24-10194-dsj Doc 16 Filed 02/26/24 Entered 02/26/24 23:08:30 Main Document Pg 11 of 21

	-	Pg 11 of	21			
Fill in this inf	ormation to identify your ca					
Dahtan 1	Nanay I Habar					
Debtor 1	Nancy J. Haber First Name	Middle Name Last	Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name Last	Name	_		
United States	Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW YO	אפע			
Officed States	Dankiupicy Court for the.	SOUTHERIN DISTRICT OF NEW TO	JI (I	_		
Case number	24-10194					
(if known)						if this is an
					amend	led filing
Official Fo	rm 106E/F					
		o Have Unsecured Cla	ims			12/15
		Part 1 for creditors with PRIORITY clair		NON	DDIODITY -laima Li	
Part 1: Lis  1. Do any cre  ☐ No. Go t  ☐ Yes.  2. List all of y identify what possible, lis	our priority unsecured claims. It it type of claim it is. If a claim has b t the claims in alphabetical order a		that claim here ar	nd show both priority a	nd nonpriority amoun	ts. As much as
	•	the instructions for this form in the instru				
(1 01 011 011	anaton of each type of elani, ecc		200,	Total claim	Priority	Nonpriority
					amount	amount
2.1 Finar	tate Dept. of Taxation &	Look 4 digito of account number	-1	\$389,840.82	\$389,840.82	\$0.00
	Creditor's Name	Last 4 digits of account num		Ψ303,040.02	Ψ000,040.02	Ψ0.00
PO B	ox 5300	When was the debt incurred	2019-20	21		
	ny, NY 12205	<del></del>				
	er Street City State Zip Code	As of the date you file, the c	laim is: Check al	I that apply		
_	rred the debt? Check one.	☐ Contingent				
☑ Debtor	•	☐ Unliquidated				
☐ Debtor	•	☑ Disputed	ط مامنس،			
	1 and Debtor 2 only	Type of PRIORITY unsecure				
_	t one of the debtors and another if this claim is for a communit	<ul><li>☐ Domestic support obligatio</li><li>y</li><li>☐ Taxes and certain other de</li></ul>		novernment		
debt		Claims for death or person	al injury while you	were intoxicated		
<b>Is the cla</b> i ⊠ No □ Yes	m subject to offset?	Other. Specify				
Port 2	All of Vour MONDDIODITY	Unacquired Claims				
	t All of Your NONPRIORITY					
3. Do any cre	ditors have nonpriority unsecur	ed claims against you?				
☐ No. You	have nothing to report in this part.	Submit this form to the court with your of	ther schedules.			
☑ Yes.						
unsecured	claim, list the creditor separately fo	ns in the alphabetical order of the cred or each claim. For each claim listed, identi the other creditors in Part 3.If you have m	ify what type of cl	aim it is. Do not list cla	ims already included	in Part 1. If more

Total claim

## 24-10194-dsj Doc 16 Filed 02/26/24 Entered 02/26/24 23:08:30 Main Document Pg 12 of 21

Debto	r 1 Nancy J. Haber	Case number (if known) 24-10194	
4.1	Amex	Last 4 digits of account number	\$52,268.00
	Nonpriority Creditor's Name PO Box 981537	When was the debt incurred? 1988-09	
	El Paso, TX 79998-1537  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	Contingent	
	☐ Debtor 1 only	☐ Contingent ☐ Unliquidated	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	⊠ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	☑ Other. Specify Open account	
4.2	Citibank	Last 4 digits of account number 2215	\$8,132.00
	Nonpriority Creditor's Name PO Box 6217	4000.00	. ,
	Sioux Falls, SD 57117-6217	When was the debt incurred? 1988-08	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☑ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	⊠ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	☑ Other. Specify Revolving account	
4.3	Citibank	Last 4 digits of account number 5017	\$617.00
	Nonpriority Creditor's Name	4000.00	*
	PO Box 6181 Sioux Falls, SD 57117-6181	When was the debt incurred? 1989-06	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.  ☑ Debtor 1 only	□ Contingent	
	☐ Debtor 2 only	☐ Contingent ☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	⊠ No 	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	☑ Other. Specify Revolving account	
4.4	Dsnb Bloomingdales	Last 4 digits of account number 5179	\$5,770.00
	Nonpriority Creditor's Name PO Box 6789	When was the debt incurred? 1997-02	
	Sioux Falls, SD 57117-6789	When was the debt incurred? 1997-02	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.  ☑ Debtor 1 only	□ Contingent	
	☐ Debtor 2 only	☐ Contingent ☐ Unliquidated	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	⊠ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	☑ Other. Specify Revolving account	

## 24-10194-dsj Doc 16 Filed 02/26/24 Entered 02/26/24 23:08:30 Main Document Pg 13 of 21

Debtor 1	Nancy J. I	Haber		Case n	number (if known)	24-10194					
				4054			<b>#4.400.00</b>				
	Jpmcb Card		Last 4 digits of account numbe	er <u>1851</u>	<u> </u>		\$4,198.00				
	Nonpriority Cred										
	PO Box 153		When was the debt incurred?	/hen was the debt incurred? 2009-06							
_	Wilmington,	DE 19850-5369									
	Number Street	City State Zip Code	As of the date you file, the clair	m is: Chec	k all that apply						
,	Who incurred t	the debt? Check one.									
	Debtor 1 onl	у	☐ Contingent								
	Debtor 2 onl	у	☐ Unliquidated								
	Debtor 1 and	d Debtor 2 only	Disputed								
	☐ At least one	of the debtors and another	Type of NONPRIORITY unsecu	red claim:							
	Check if this	s claim is for a community	☐ Student loans								
	debt	•	☐ Obligations arising out of a se	paration ac	areement or divorce	that you did not					
	ls the claim su	bject to offset?	report as priority claims	paration as	,	r and you did not					
	⊠ No	•	☐ Debts to pension or profit-sha	ring plans,	and other similar de	ebts					
	— □ Yes		☐ Other. Specify Revolving	•							
	∐ řes		☑ Other, Specify	account							
Part 3:	List Others	s to Be Notified About a D	ebt That You Already Listed								
is tryin have m	g to collect fro ore than one c	m you for a debt you owe to s	. •	in Parts 1 Iditional c	or 2, then list the reditors here. If yo	collection agency here	. Similarly, if you				
	d Address		On which entry in Part 1 or Part 2 did y								
Amex			Line <u>4.1</u> of ( <i>Check one</i> ):			rity Unsecured Claims priority Unsecured Claims	•				
	oondence/Ba	ankruptcy		☑ Part 2:	Creditors with Non	priority Onsecured Claims	S				
PO Box	k 981540										
El Paso	o, TX 79998-	-1540									
			Last 4 digits of account number								
Name and	d Address		On which entry in Part 1 or Part 2 did y								
Citibanl	k		Line <u>4.2</u> of (Check one):			rity Unsecured Claims					
Attn: Ci	ticorp Centra	alized Bankruptcy		☑ Part 2:	Creditors with Non	priority Unsecured Claims	S				
	k 790040	. ,									
_	ouis, MO 63	179-0040									
Ounit E	odio, ivio oo	170 00 10	Last 4 digits of account number								
Name and	d Address		On which entry in Part 1 or Part 2 did y	ou list the	original creditor?						
Citibanl	k		Line 4.3 of (Check one):			rity Unsecured Claims					
Attn: Ci	iticorp Cr Sr	vs, Centralized		☑ Part 2:	Creditors with Non	priority Unsecured Claims	S				
Bankru	•	,									
	k 790040										
_	ouis, MO 63	170 0040									
Sairit Li	ouis, ivio os	179-0040	Last 4 digits of account number								
N	-l A -l-l		On which and the Dort 4 on Dort 9 did to	1:-4 41							
	d Address		On which entry in Part 1 or Part 2 did y			rity Unsecured Claims					
	loomingdale	:5	Line <u>4.4</u> of ( <i>Check one</i> ):			priority Unsecured Claims	s				
	ankruptcy				0.04.10.0	priority orioocaroa oranii.	_				
PO Box											
Mason,	OH 45040-	8053									
			Last 4 digits of account number								
Part 4:	Add the A	mounts for Each Type of l	Jnsecured Claim								
		•	claims. This information is for statistic	al reportin	ia purposes only	28 U.S.C. \$159 Add the	amounts for each				
	unsecured cla				.g pa.peooo omy.						
					Tota	ıl Claim					
	6a.	Domestic support obligation	ns	6a.	\$	0.00					
Total clai		Tames and as detection to	4	01							
from Par	<b>t 1</b> 6b.		ots you owe the government	6b.	\$	389,840.82					
	6c.	Claims for death or persona	al injury while you were intoxicated	6c.	\$	0.00					
	6d.	Other. Add all other priority up	nsecured claims. Write that amount here.	. 6d.	\$	0.00					
					<u> </u>						
	6-	Total Priority Add lines C- 41	arough 6d	6-		200 040 22					
	6e.	Total Priority. Add lines 6a th	irougii ou.	6e.	\$	389,840.82					
	Ct.	Student leans		C.f		al Claim					
	6f.	Student loans		6f.	\$	0.00					

24-10194-dsj Doc 16 Filed 02/26/24 Entered 02/26/24 23:08:30 Main Document Pg 14 of 21

Debtor 1 Nancy J. Haber Case number (if known) 24-10194 **Total claims** from Part 2 Obligations arising out of a separation agreement or divorce that 0.00 you did not report as priority claims 6g. 6h. Debts to pension or profit-sharing plans, and other similar debts 6h. 0.00 Other. Add all other nonpriority unsecured claims. Write that amount 6i. 6i. 70,985.00 Total Nonpriority. Add lines 6f through 6i. 6j. 70,985.00 24-10194-dsj Doc 16 Filed 02/26/24 Entered 02/26/24 23:08:30 Main Document Pg 15 of 21

Fill in this inform	nation to identify your	case:		
Debtor 1	Nancy J. Haber			
Debtor 2	First Name	Middle Name	Last Name	
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF NEW YORK	
Case number 2	4-10194			☐ Check if this is an amended filing

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Р	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Toyota Motor Credit Corp/Mazda Financial 6565 Headquarters Dr Attn: Bankruptcy Plano, TX 75024-5965	Installment account opened 03/01/2021 Credit Limit: ?16,122.00, Remaining Balance: ?1,343.00

24-10194-dsj Doc 16 Filed 02/26/24 Entered 02/26/24 23:08:30 Main Document

			Pg 16 of 21		
Fill in this	information to identify yo		.,		
Debtor 1	Nancy J. Haber				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fili	ng) First Name	Middle Name	Last Name		
United Sta	ites Bankruptcy Court for the	e: SOUTHERN DISTRICT	OF NEW YORK		
Casa num	ber 24-10194				
(if known)	Del 24-10194				☐ Check if this is an amended filing
Officia	l Form 106H				
Sched	lule H: Your Co	debtors			12/15
⊠ No □ Yes 2. Wit	s hin the last 8 years, have y	(If you are filing a joint case, you lived in a community pr na, Nevada, New Mexico, Pu	roperty state or territo	ry? (Community proper	<i>ty states and territories</i> include )
_	Go to line 3.  S. Did your spouse, former s	pouse, or legal equivalent live	e with you at the time?		
in line Form	e 2 again as a codebtor on	y if that person is a guaran	tor or cosigner. Make	sure you have listed t	ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State an	d ZIP Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
3.1	Name			☐ Schedule D, lir☐ Schedule E/F,☐ Schedule G, lir☐	line
	Number Street City	State	ZIP Code	_	
3.2	Name			Schedule D, lir	line
	Number Street City	State	ZIP Code	<del>_</del>	

# 24-10194-dsj Doc 16 Filed 02/26/24 Entered 02/26/24 23:08:30 Main Document Pg 17 of 21

Fill	in this information to identify your	case.			ı		
	otor 1 Nancy J. H						
	otor 2 use, if filing)						
Uni	ted States Bankruptcy Court for th	ne: SOUTHERN DISTRIC	CT OF NEW YORK				
	se number <u>24-10194</u>		-			d filing nt showing postpetition cha as of the following date:	ıpter
$\bigcirc$	fficial Form 106I				MM / DD/ Y		
	chedule I: Your Inc	come			ז /טט / וווווו	TTT	12/15
supported to the support of the support of the supported to the support of the supported to	plying correct information. If you see. If you are separated and you have separated and you have separated sheet to this form.  Describe Employment	u are married and not fili our spouse is not filing w . On the top of any additi	ng jointly, and your s ith you, do not includ	spouse is li de informati	ving with you, incluion about your spo	ude information about you use. If more space is nee	ur ded,
1.	Fill in your employment information.		Debtor 1		Debtor 2	or non-filing spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	⊠ Employed □ Not employed		☐ Emplo	•	
	employers.  Include part-time, seasonal, or self-employed work.	Occupation  Employer's name	Property Manage	er			
	Occupation may include student or homemaker, if it applies.	Employer's address	544 East 86th Street New York, NY 10028				
		How long employed t	here? 25 Years	S			_
Par	t 2: Give Details About Mo	onthly Income					_
	mate monthly income as of the o	date you file this form. If y	ou have nothing to rep	ort for any lir	ne, write \$0 in the sp	ace. Include your non-filing	spouse
	u or your non-filing spouse have r e space, attach a separate sheet t		ombine the informatior	n for all empl	oyers for that perso	n on the lines below. If you	need
					For Debtor 1	For Debtor 2 or non-filing spouse	
2.	List monthly gross wages, sal deductions). If not paid monthly			2. \$	40,000.00	\$N/A_	
3.	Estimate and list monthly ove	rtime pay.		3. +\$	0.00	+\$ <u>N/A</u>	
4.	Calculate gross Income. Add	line 2 + line 3.		4. \$	40,000.00	\$ <u>N/A</u>	

Official Form 106I Schedule I: Your Income page 1

# 24-10194-dsj Doc 16 Filed 02/26/24 Entered 02/26/24 23:08:30 Main Document Pg 18 of 21

Debt	or 1	Nancy J. Haber		Case	number (if known)	24-10	0194	
				For	Debtor 1		Debtor 2 or	
	C	by line 4 here	4	•	40,000.00	non \$	-filing spouse N/A	
	Cot	by line 4 nere	4.	\$_	40,000.00	<b>»</b> —	IN/A	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	N/A	
	5e.	Insurance	5e.	\$_	0.00	\$_	N/A	
	5f.	Domestic support obligations	5f.	\$ <u></u>	0.00	\$ <u></u> _	N/A N/A	
	5g. 5h.	Union dues Other deductions Specific	5g. 5h.+	\$_ \$	0.00	_ \$_	N/A	
		Other deductions. Specify:	_	· -		ັ ⊅		
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	40,000.00	\$	N/A	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A	
	8e.	Social Security	8e.	\$	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$	0.00	\$	N/A	
	8g.	Pension or retirement income	_ 8g.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify:	_ 8h.+	\$	0.00	+ \$	N/A	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/A	
10.		culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	4	0,000.00 + \$_		N/A = \$ 40,00	00.00
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:	depen			-	Schedule J. 11. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certain lies					12. \$ 40,00	00.00
13.		you expect an increase or decrease within the year after you file this form	?				Combined monthly inco	ome
	$\square$	No. Yes. Explain:						

Official Form 106I Schedule I: Your Income page 2

صنالتا حنالتا	this information to identify your case:				
	this information to identify your case:				
Debtoi	Nancy J. Haber			k if this is:	
Debto	r 2			An amended filing A supplement show	ving postpetition chapter 13
(Spous	se, if filing)			expenses as of the	
United	States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW Y	YORK	-	MM / DD / YYYY	
Case r	number 24-10194				
(If kno	wn)				
Off	icial Form 106J				
	hedule J: Your Expenses				12/15
Be as	s complete and accurate as possible. If two married people are mation. If more space is needed, attach another sheet to this for own). Answer every question.				or supplying correct
Part 1					
_	Is this a joint case?				
	☑ No. Go to line 2. □ Yes. <b>Does Debtor 2 live in a separate household?</b>				
	<ul><li>No</li><li>Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i> and the second s</li></ul>	for Separate Household	of Debt	tor 2.	
2. <b>I</b>	Do you have dependents? 🛛 No				
[	Do not list Debtor 1 and September 2. Yes. Fill out this information for each dependent	Dependent's relationsh Debtor 1 or Debtor 2	ip to	Dependent's age	Does dependent live with you?
[	Do not state the				□ No
(	dependents names.				☐ Yes ☐ No
					☐ Yes
					□ No
					☐ Yes ☐ No
	<u>_</u>				Yes
•	Do your expenses include ⊠ No expenses of people other than □ Yes yourself and your dependents?				
expe	Estimate Your Ongoing Monthly Expenses nate your expenses as of your bankruptcy filing date unless your say of a date after the bankruptcy is filed. If this is a supplicable date.				
	de expenses paid for with non-cash government assistance if				
	e of such assistance and have included it on <i>Schedule I: Your I</i> cial Form 106I.)	Income		Your expe	enses
•	,				
	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	clude first mortgage	4. \$		34,000.00
ı	If not included in line 4:				
4	4a. Real estate taxes		4a. \$		0.00
4	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		300.00
	4d. Homeowner's association or condominium dues	no oquity loans	4d. \$		0.00
5.	Additional mortgage payments for your residence, such as hon	ne equity loans	5. \$	-	0.00
	Utilities:				
	6a. Electricity, heat, natural gas		6a. \$		320.00
	<ul><li>6b. Water, sewer, garbage collection</li><li>6c. Telephone, cell phone, Internet, satellite, and cable services</li></ul>		6b. \$		0.00 1,000.00
	6d Other Specify:		64 ¢		0.00

# 24-10194-dsj Doc 16 Filed 02/26/24 Entered 02/26/24 23:08:30 Main Document Pg 20 of 21

Deb	tor 1 Nancy J. Haber	Case num	ber (if known)	24-10194
7.	Food and housekeeping supplies	7.	\$	1,200.00
8.	Childcare and children's education costs	8.		0.00
9.	Clothing, laundry, and dry cleaning	9.	<u> </u>	100.00
10.	Personal care products and services	10.	<u> </u>	000.00
	Medical and dental expenses	11.	· <del></del>	100.00
	<b>Transportation.</b> Include gas, maintenance, bus or train fare.		Ψ	100.00
	Do not include car payments.	12.	\$	300.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	Φ.	200.00
14.	Charitable contributions and religious donations	14.		0.00
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance	150	Ф.	0.00
	15b. Health insurance	15a. 15b.	_	2.22
	15c. Vehicle insurance		· —	0.00
	15d. Other insurance. Specify:	15c.		0.00
16	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.	15d.	Ф	0.00
	Specify:	16.	\$	0.00
17.	Installment or lease payments: 17a. Car payments for Vehicle 1	170	Ф	0.00
	17b. Car payments for Vehicle 2	17a. 17b.	:	
	17c. Other. Specify:			
10	Your payments of alimony, maintenance, and support that you did not report a	17d.	<b>&gt;</b>	0.00_
10.	deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I)	<b>s</b> . 18.	\$	0.00
19.	Other payments you make to support others who do not live with you.		\$	0.00
	Specify:	19.		
20.	Other real property expenses not included in lines 4 or 5 of this form or on Sch	edule I: Yo	our Income.	
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	Φ.	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00
21.	Other: Specify:	21.	+\$	0.00
22	Calculate your monthly expenses			
	22a. Add lines 4 through 21.		\$	37.720.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	01,120.00
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	37,720.00
	226. Add line 228 and 22b. The result is your monthly expenses.		Ψ	37,720.00
23.	Calculate your monthly net income.			
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	40,000.00
	23b. Copy your monthly expenses from line 22c above.	23b.	-\$	37,720.00
	23c. Subtract your monthly expenses from your monthly income.	00 -		2 220 00
	The result is your monthly net income.	23c.	Φ	2,280.00
24.	Do you expect an increase or decrease in your expenses within the year after y For example, do you expect to finish paying for your car loan within the year or do you expect you modification to the terms of your mortgage?  ☒ No.  ☐ Yes.  Explain here:			ease or decrease because of a

## 24-10194-dsj Doc 16 Filed 02/26/24 Entered 02/26/24 23:08:30 Main Document Pg 21 of 21

Fill in this inform	nation to identify your	case:				
Debtor 1	Nancy J. Haber					
	First Name	Middle Name	Last Nam	ie	_	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Nam	ne	_	
United States Ba	nkruptcy Court for the:	SOUTHERN DISTRICT (	OF NEW YORK	(	_	
Case number 2	24-10194				☐ Check i amende	if this is an ed filing
Official Forn  Declarat		ın Individual	Debtor'	's Schedule	s	12/15
obtaining money years, or both. 18	or property by fraud i 8 U.S.C. §§ 152, 1341,	ile bankruptcy schedules n connection with a bankr I519, and 3571.				
Sigr	n Below					
Did you pay	y or agree to pay some	eone who is NOT an attorn	ey to help you	ı fill out bankruptcy for	ms?	
⊠ No						
Yes.	Name of person				ch Bankruptcy Petition Pre aration, and Signature (Of	
	Ity of perjury, I declare e true and correct.	that I have read the sumn	nary and sche	dules filed with this dec	claration and	
X /s/ Nan	cy J. Haber		Х			
Nancy .	J. Haber re of Debtor 1			nature of Debtor 2		
Date	February 26, 2024		Dat	te		